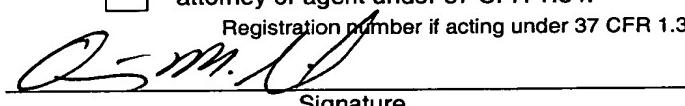


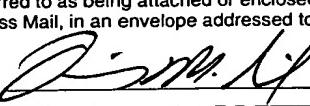


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) SONYJP 3.0-1069
Application Number	10/800,561-Conf. #9794	Filed March 15, 2004
For DATA SERVICE APPARATUS FOR BACKING UP DATA		
Art Unit 2168	Examiner A. J. Sanders	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	<u>Small Entity Fee</u> \$60 \$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230 \$ 460.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525 \$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820 \$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115 \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-1095</u> . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>34,930</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
 Signature <u>Dennis M. Smid, Esq.</u> Typed or printed name		
August 21, 2008 Date		
<u>(908) 518-6374</u> Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of <u>1</u> forms are submitted.	08/26/2008 SDENB0B3 69000059 121095 10800561 02 FC:1252 460.00 DA

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: US RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: August 21, 2008

Signature: 

(Dennis M. Smid, Esq.)